MINN╖LINK

Minnesota-Linking Information for Kids

DISCUSSION GUIDE FOR MINN-LINK BRIEF #57

Social Determinants of Health at Gillette Children's Specialty Healthcare

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers, educators, and other professionals engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful dialogue about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we were interested in understanding the prevalence of social determinants of health (SDoH; e.g., homelessness, food assistance, and economic and insurance status), differences in SDoH by demographic and diagnostic groups within Gillette Children's Minnesota patient population, and the relationship between patient SDoH, receipt of social support services, and patient medical complexity. Findings revealed that a substantial proportion of children with medical complexity had documented SDoH — representing unique needs for which services were provided in Minnesota's child- and family-serving systems. Yet, these SDoH were not experienced equally by all children and families.

Discussion on Practice Implications

1. This study found that children with greater medical complexity (i.e., those with more established specialty care providers) were more likely to experience social determinants of health. How do you understand these results? What factors do you think contributed to these outcomes? Do you see similar trends in your own work environment? Why do you think your experience is consistent with or deviates from these results?

2. What are some practical ways this research can be applied in a professional work environment? Who would benefit from this knowledge and how might you recommend those individuals to apply this knowledge in their practice? What obstacles might get in way of them using this information to improve care?

Discussion on Agency- & System-Level Changes

3. This research indicates that children with greater medical complexity are more likely to have social needs and can benefit from more social support services. Is the traditional healthcare setting well-suited to support children and families' social needs? What effect does a fee-for-service reimbursement model have on promoting holistic models of healthcare? What strategies or approaches could be used to make positive changes?

4. The association between medical and social complexity does not create a causal link — one variable does not cause the other. What are some ways this research can be used to help direct social services to children and family with higher medical needs? How does this approach support or work against equitable access to and distribution of valuable social resources?

5. This research is consistent with previous research that suggests those living in rural areas struggle to access social resources. What policy changes could be implemented to help shift this trend? What other changes would you suggest to help those in areas with limited resources? Are there ways to leverage technology to bring services to rural areas?